

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN**

Docket No.
P1326REI

Serial No.

Filing Date

Patent No.

5,845,474

Issue Date

December 8, 1998

Applicant/ Loftus, Thomas E.
Patentee:

Invention: Retrofit Chain Sickle Cutter

I hereby declare that I am:

- ☒ the owner of the small business concern identified below:
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Advanced Innoventions, Inc.ADDRESS OF CONCERN: 224 County Road, 0-East, Ivesdale, Illinois 61851-9705

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above identified invention described in:

- ☐ the specification filed herewith with title as listed above.
☐ the application identified above.
☒ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern or organization exists.
☐ each such person, concern or organization is listed below.

FULL NAME _____

ADDRESS _____

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME _____

ADDRESS _____

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME _____

ADDRESS _____

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME _____

ADDRESS _____

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING:

Thomas E. Loftus, President and Treasurer

TITLE OF PERSON SIGNING

OTHER THAN OWNER:

ADDRESS OF PERSON SIGNING:

Thomas E. Loftus

SIGNATURE: _____

DATE: March 30, 2000

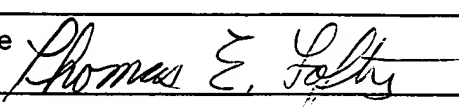
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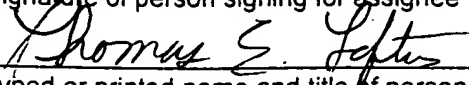
REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) P 1326 REI
<p>I hereby declare that:</p> <p>My residence and post office address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>Advanced Innoventions, Inc.</u></p> <p>and the title of my position with said assignee is: <u>President & Treasurer</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
<p>Name of Patentee(s): <u>Thomas E. Loftus</u></p>		
Patent Number <u>5,845,474</u>	Date of Patent Issued <u>December 8, 1998</u>	
<p>Title of Invention <u>Retrofit Chain Sickle Cutter</u></p>		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>Retrofit Chain Sickle Cutter</u></p>		
<p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number ____ / _____ and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows: Patentee claimed more or less than he had the right to claim in the patent by including, inter alia, a knife member that requires the knife member to have a substantially triangular portion with two sharp cutting edges.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional) P 1326 REI	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s) Richard W. Young	Registration Number 30,706		
Brian C. Rupp	35,665		
Michael M. Geoffrey	41,775		
Lynne D. Anderson	P46,412		
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		→	Place Customer Number Bar Code Label Here
OR			
<input type="checkbox"/> Firm or Individual Name	Brian C. Rupp		
Address	Gardner, Carton & Douglas		
Address	321 N. Clark Street, Suite 3300		
City	Chicago	State	IL
Country	USA		
Telephone	312-644-3000	Fax	312-644-3381
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name)			
Signature			Date March 30, 2000
Address of Assignee Advanced Innoventions, Inc. - 224 County Road, O-East, Ivesdale, IL 61851			
Patentee		Citizenship	
Residence/Post Office Address			
Patentee		Citizenship	
Residence/Post Office Address			

REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT		Docket Number (Optional) P 1326 REI
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s): Loftus		
Patent Number 5,845,474	Date Patent Issued December 8, 1998	
Title of Invention Retrofit Chain Sickle Cutter		
Advanced Innoventions, Inc. _____ is the assignee of the entire interest in the original patent. I offer to surrender the original patent. <input checked="" type="checkbox"/> A certificate under 37 CFR 3.73(b) is attached. I am authorized to act on behalf of the assignee.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee Advanced Innoventions, Inc.		
Signature of person signing for assignee 	Date March 30, 2000	
Typed or printed name and title of person signing for assignee Thomas E. Loftus, President & Treasurer		

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Loftus)	
)	
Assignee:	Advanced Innoventions, Inc.)	
)	
Serial No.:	08/928,829)	Examiner:
)	
Filing Date:	September 12, 1997)	Art Unit:
)	
For:	Retrofit Chain Sickle Cutter)	
)	
Reissue of U.S. Patent No:	5,845,474)	
)	
Issued:	December 8, 1998)	

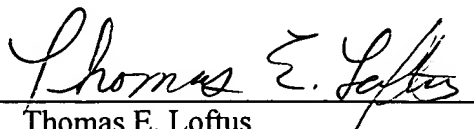
**ASSENT BY ASSIGNEE FOR FILING OF REISSUE APPLICATION
AND SUBMISSION UNDER 37 C.F.R. §3.73(b) ESTABLISHING OWNERSHIP**

This Assent supports the application for Reissue of U.S. Patent No. 5,845,474 issued December 8, 1998 naming Thomas E. Loftus as inventor, and assigned to Advanced Innoventions, Inc.

Pursuant to 37 C.F.R. §3.73(b), Advanced Innoventions, Inc. owns the above-identified original patent as is evidenced by the assignment from the inventor Thomas E. Loftus to Advanced Innoventions, Inc., which is recorded with the United States Patent and Trademark Office at Reel 010377, Frame 0118. A Request for Corrected Notice of Recordation was mailed March 6, 2000. A copy of the Request is enclosed. Advanced Innoventions, Inc. hereby assents to the accompanying application for reissue, and to the reissue of said patent.

ADVANCED INNOVENTIONS, INC.

Date: March 30, 2000



Thomas E. Loftus
President and Treasurer